

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

JACKSON HOSPITAL  
c/o Donald Henderson, Chief Executive Officer  
1722 Pine Street  
Montgomery, Alabama 36106

## 2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9912

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x Shirley Washburn ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

Shirley Washburn for 11/23/05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Baptist Ventures-American Home Patient  
c/o W. Russell Tyner, President and CEO  
6240 Brubaker Boulevard  
Montgomery, AL 36116

## 2. Article Number

(Transfer from service label)

7003 3110 0003 2223 9730

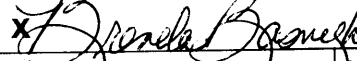
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

☐ Agent☐ Addressee

## B. Received by (Printed Name)

BRENDA BASNIGHT

## C. Date of Delivery

11-23-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

54C

05-1096

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

BAPTIST HEALTH, INC.  
c/o W. Russell Tyner, President and CEO  
P. O. Box 244001  
Montgomery, Alabama 36124

54C

05-1096

## 2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9967

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

☒ Agent☐ Addressee

## B. Received by (Printed Name)



## C. Date of Delivery

11-23-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

JMS Health Services, L.L.C. d/b/a Jackson-Med  
South Home Health  
c/o William T. Carlson, Jr.  
1722 Pine Street  
Montgomery, Alabama 36106

SAC 05-1096

## 2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9950

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x Melissa Burgess☐ Agent☐ Addressee

## B. Received by (Printed Name)

Melissa Burgess

## C. Date of Delivery

11-23-05D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MED-SOUTH, INC.  
c/o Patrick William, President and CEO  
406 Medical Center Drive  
Jasper, Alabama 35501

S & C

05-1096

2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9929

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

x *A. Johnsey*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

A. Johnsey

C. Date of Delivery

11-25-05

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes